

June 28, 2021

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Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2021-0070-0002  
P.O. Box 8013  
Baltimore, MD 21244-1850

Re: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Proposed Changes to Medicaid Provider Enrollment

Dear Ms. Brools-LaSure:

The Society for Cardiovascular Angiography and Interventions (SCAI) is a non-profit professional association with over 4,000 members representing the majority of practicing interventional cardiologists and cardiac catheterization teams in the United States including those treating high-risk Acute Myocardial Infarction (AMI) patients. SCAI promotes excellence in invasive and interventional cardiovascular medicine through education, representation and the advancement of quality standards to enhance patient care.

SCAI appreciates the opportunity to comment on this proposed rule. We support the proposed changes to MS-DRG 215 and are concerned about continued bundling of comcominant procedures along with surgical ablation.

**MS-DRG 215 (Other Heart Assist System Implant)** We appreciate CMS's consideration of previously raised concerns about this MS-DRG. We believe CMS's proposal (p. 25106) is would reduce the annual variation that could affect a physicians ability to offer important life saving treatments. SCAI wrote on this topic in their last two comment letters on the IPPS rule, seeking stability, which would be a consistent position from those in the prior year letters that sought predictability.

MS-DRG 215 has seen significant variability over the last four years, with proposed cuts from 15-30%, and each year CMS has had to adjust the final rule with multiple modifications to address the significant swings in relative weight. We support CMS's proposal to reassign select claims from MS-DRG 215 to related cardiovascular DRGs, differentiating between procedures that are "intraoperative" and those that are "non-intraoperative." This grouping will result in more clinically homogenous, coherent, and better reflect hospital resources."

### **Concomitant Procedures with Surgical Ablation**

There should be a mechanism for differentiated payment when procedures are performed concomitantly, when it is best for the patient. We believe that physicians should be able to assess the medical necessity of performing concomitant vs. staged procedures, based on the medical needs of the individual patient, and that payment should be based upon the services provided.

### **Conclusion**

In conclusion, SCAI appreciates the opportunity to provide comment to CMS on issues of high interest to the interventional cardiology community. If SCAI can be of any assistance as CMS continues to consider and review this or related issues, please do not hesitate to contact Curtis Rooney at CRooney@scai.org.

Sincerely,

/s/

Timothy D. Henry, MD, MSCAI  
President

/s/

Lyndon Box, MD, FSCAI  
Chair of Government Relations Committee

CC: Francesca Dea  
Curtis Rooney